

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000095588

1. Corporation Name

OSCAR'S PIZZA INC

2. Principal Office Address

2960 S MC CALL RD

Suite, Apt. #, etc.

Suite 111

City & State

ENGLEWOOD FLORIDA

Zip

34224

Country

USA

3. Mailing Office Address

70 YVONNE HALUNEN

Suite, Apt. #, etc.

15635 Ruston Circle

City & State

PORT CHARLOTTE, FL

Zip

33981

Country

USA

REINSTATEMENT

CRZE081 (12/05)

64-09

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/03

5. FEI Number

06-1710420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YVONNE HALUNEN

Street Address (P.O. Box Number is Not Acceptable)

15635 Ruston Circle

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33981

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Yvonne Halunen

REGISTERED AGENT MUST SIGN

Date

11-15-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------------------|
| <u>D</u> | <u>HAGER Barnthouse Sr.</u> | <u>274 ANNAPOLIS LANE</u> | <u>Rotonda West, FL 33947</u> |
| <u>D</u> | <u>YVONNE HALUNEN</u> | <u>15635 Ruston Circle</u> | <u>Port Charlotte FL 33981</u> |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Hager Barnthouse, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/06

Date

941-697-1650

Daytime Phone #

2 of 2

OSCAR'S PIZZA INC.

2960 S. MCCALL RD.
SUITE #111
ENGLEWOOD, FL. 34224

November 15, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
PO BOX 6327
TALLAHASSEE, FL. 32314

ATTENTION: RE-INSTATEMENT

Dear Ms. Frazier:

This letter is written to request the re-activation of Oscar's Pizza Inc. to an Active Corporation Status.

The postcard notices for 2004 were never received. Please waive the re-instatement fee due to not receiving prior notices.

Attached, please find check # 1014 in the amount of \$450.00 for the 2004, 2005 and 2006 filing fees.

Thank you in advance for your time and cooperation in this matter.

Sincerely,

Yvonne Halunen
Yvonne Halunen,
Director